

# Safety Management System Countermeasure Evaluation Worksheet

Agency		Contract Number	
Project Title		FA Project Number	
Roadway Name or Number		Cross Road or Starting Point	
Location Data (Check all appropriate boxes.)		Loc. Type <input type="checkbox"/> Intersection <input type="checkbox"/> Spot <input type="checkbox"/> Section	
<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Principal Arterial <input type="checkbox"/> Minor Arterial <input type="checkbox"/> Collector <input type="checkbox"/> Local Access		<input type="checkbox"/> One-Way <input type="checkbox"/> Two Way <input type="checkbox"/> Lt-Turns Okay <input type="checkbox"/> Lt-Turn Lane <input type="checkbox"/> 1-Lane <input type="checkbox"/> 2-Lane <input type="checkbox"/> 4-Lane <input type="checkbox"/> Multi-Lane <input type="checkbox"/> Park 1 Side <input type="checkbox"/> Park 2 Side <input type="checkbox"/> Non-I/S <input type="checkbox"/> I/S <input type="checkbox"/> I/s Stop Sign <input type="checkbox"/> I/S Signal	
Evaluation		Analysis Period	
<input type="checkbox"/> Prelim. <input type="checkbox"/> Final		<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/> Other _____	

Countermeasure(s)
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Before Information			Prepared By			After Information			Prepared By		
From (Mo/Yr) _____ To (Mo/Yr) _____						From (M/Y) _____ To (M/Y) _____					
Collision Summary				Average Before Data	Expected After Data W/O Improv.	Average After Data	Difference From Expected	Significance at % Cont. Level			
	Before	After	Difference								
Right Angle	_____	_____	_____	Property Damage Collisions	_____	_____	_____	_____			
Side Swipe - Opposite	_____	_____	_____	Injury Collisions	_____	_____	_____	_____			
Side Swipe - Same	_____	_____	_____	Fatal Collisions	_____	_____	_____	_____			
Rear-End	_____	_____	_____	Total Collisions	_____	_____	_____	_____			
Head-On	_____	_____	_____	Persons Injured	_____	_____	_____	_____			
Approach Turn	_____	_____	_____	Number of Fatalities	_____	_____	_____	_____			
Hit Fixed Object	_____	_____	_____	Amount Property Damage	_____	_____	_____	_____			
Backing	_____	_____	_____	Property Damage per Collision	_____	_____	_____	_____			
Bike/Pedestrian	_____	_____	_____	Total Economic Loss	_____	_____	_____	_____			
Other	_____	_____	_____	AADT (Avg. Ann. Daily Traffic)	_____	_____	_____	_____			
Note: - = Decrease or less than expected += Increase or more than expected * Fatality Rate is Fatalities per 100 million vehicle miles ** Collision Rate is Collisions per million vehicles *** Special Collision of irregular nature or special interest				Fatality Rate*	_____	_____	_____	_____			
				Collision Rate**	_____	_____	_____	_____			
				Special Collision***	_____	_____	_____	_____			